

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/22/2015
FORM APPROVED
OMB NO. 0938-0391

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|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155567 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 01/15/2015 | |
| NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTH AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1400 MEDICAL PARK DR FORT WAYNE, IN 46825 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on December 5, 2014.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00160064 completed on December 5, 2014.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00158970 completed on November 13, 2014.</p> <p>Survey dates: January 14 & 15, 2015</p> <p>Facility number: 000459 Provider number: 155567 AIM number: 100289700</p> <p>Survey team: Rick Blain, RN - TC Tim Long, RN Carol Miller, RN Diane Nilson, RN</p> <p>Census bed type: SNF: 2 SNF/NF: 57 Total: 59</p> <p>Census Payor type: Medicare: 8 Medicaid: 41 Other: 10 Total: 59</p> <p>University Park and Rehabilitation Center was found to be in compliance with 42 CFR Part 483,</p> | | | {F 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {F 000} | Continued From page 1 Subpart B and 410 IAC 16.2-3.1 in regards to the PSR to the Recertification and State Licensure Survey and the PSR to the Investigation of Complaints IN00160064 and IN00158970 . Quality review completed on January 16, 2015 by Randy Fry RN. | {F 000} | | | |